

Texas Department of Banking
MONEY SERVICES BUSINESS LICENSE APPLICATION
Refer to Chapter 151 of the Texas Finance Code

1. Full legal name of the Applicant and Federal Taxpayer Identification number.

2. Any DBA or assumed name to be used in Texas, if applicable.

3. Primary Business Location (street address, city, state, zip code).

4. Mailing address of Applicant:

Street Address

P.O. Box

City, State, Zip Code

City, State, Zip Code

5. Anticipated number of locations to be established in Texas by the Applicant during the first year of operations _____. Service is to be provided through (indicate the number of all that apply):

____ Company Owned Outlets ____ Subsidiaries or Affiliates
____ Authorized Delegate ____ Internet
____ Other (explain)

6. Products or services to be offered to Texas citizens (mark all that apply):

____ Money Transmission ____ Bill Pay ____ Currency Transportation
____ Checks ____ Money Orders ____ Currency Exchange
____ Travelers Checks ____ Drafts ____ Stored Value Products
____ Other (explain) ____ Gift Cards

7. Identify all websites operated by the Applicant. Indicate which website will have the listing of authorized delegates required by §151.402(f).

8. Provide the name, title, telephone number, facsimile number and email addresses for each of the following individuals:

(1) President

Name: _____
Title: _____
Telephone Number: _____
Facsimile Number: _____
Email Address: _____

(2) Chief Financial Officer

Name: _____
Title: _____
Telephone Number: _____
Facsimile Number: _____
Email Address: _____

(3) BSA Compliance Officer

Name: _____
Title: _____
Telephone Number: _____
Facsimile Number: _____
Email Address: _____

(4) Individual who is to serve as primary contact for questions on the application.

Name: _____
Title: _____
Telephone Number: _____
Facsimile Number: _____
Email Address: _____

(5) Individual who is to serve as primary regulatory contact with the Department if the license is granted.

Name: _____
Title: _____
Telephone Number: _____
Facsimile Number: _____
Email Address: _____

9. Indicate the form of the Applicant's legal organization, e.g. corporation, LLC, limited partnership, sole proprietorship. If the Applicant is not a sole proprietorship, and is owned 25% or more by any corporate entity, provide a chart detailing the structure of the organization.

10. Identify shareholders who own or control 10% or more of the Applicant. Include the name, address, shares owned or controlled, number and percent of outstanding. If the Applicant is a limited partnership, provide information on the general partner, directors, managers, control shareholders, executive officers or responsible individuals of the general partner.
11. List all individuals who serve on the Board of Directors or Board of Managers or otherwise control or direct the activities of the Applicant.
12. List the names and title of all executive officers of the Applicant, as well as any "responsible individual" as defined in Section 151.002 (b)(20) which states in part, "an individual who has direct control over or significant management policy and decision-making authority..."
13. Provide a listing of the other states or jurisdictions in which a license or similar authorization is sought, has been granted, or denied to the Applicant or its affiliates, to engage in the money services business. Include the state, year licensed, type of license held, the agency issuing the license, the name, phone number and email address of the primary regulatory contact. Indicate the volume of business conducted in each jurisdiction in dollars and in number of transactions, and the number of CTR's and SAR's filed in each jurisdiction.
14. If the Applicant is an existing money service business, attach evidence of current registration with the IRS as an MSB is required. If the Applicant is a new company that is not engaged in the money service business, submit a commitment to the Commissioner to register as an MSB once approval is granted, but before the license is issued.
15. Describe in detail any pending or any outstanding enforcement actions taken by a regulatory agency against the Applicant, its affiliates, and any principals of the Applicant, and any judgments outstanding against the Applicant.
16. Does the Applicant owe the department a delinquent fee, assessment, administrative penalty or other amount imposed under Chapter 151 or a rule or Order issued under Chapter 151?

I hereby certify that:

1. I am authorized to file this application, and that all information submitted to the Commissioner in connection with this application including the forms, schedules, exhibits, attachments and any related correspondence is true, and correct, to the best of my knowledge and belief.
2. The Applicant and all individuals required to be qualified under the statute, particularly Section 151.202, meet the requirements for qualification.

3. On behalf of the Applicant, I certify that the Applicant and each principal of, person in control of, and proposed responsible individual of the Applicant: (1) is familiar with and agrees to fully comply with all applicable state and federal laws and regulations pertaining to the applicant's proposed money services business, including this chapter, relevant provisions of the Bank Secrecy Act, the USA PATRIOT ACT, and Chapter 271; (2) has not within the preceding three years knowingly failed to file or evaded the obligation to file a report, including a currency transaction or suspicious activity report required by the Bank Secrecy Act, the USA PATRIOT ACT, or Chapter 271; and (3) has not knowingly accepted money for transmission or exchange in which a portion of the money was derived from an illegal transaction or activity.
4. The Applicant is not indebted to any local, state, or federal government or political subdivision of the government for delinquent taxes, fines, penalties or fees.
5. To the best of my knowledge and belief, all information necessary for the Commissioner to make an informed decision is contained herein. In addition, I agree to notify the Commissioner if the facts described in the filing materials change prior to issuance of the license.

A person commits a felony offense if the person intentionally makes an untrue statement of material fact in this application.

_____ by _____
(Applicant) (Signature)

(CORPORATE SEAL)

(Printed or Typed Name)

(Title)

STATE OF _____
COUNTY OF _____

On this _____ day of _____, 20____, before me, a Notary Public in and for said County, of said State, personally appeared: _____
known to me to be the person named in, and who executed the foregoing form and made oath that the statements and representations set forth therein are true to the best of his/her knowledge and belief.

(SEAL)

(Notary Public)